

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026969

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 17

FILED JUL 9 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>TX</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wickburg</u>		c. CITY OR TOWN <u>Wickburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>-</u>		d. STREET ADDRESS (If outside, give location) <u>East of Wickburg</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Overton Scott</u>			4. DATE OF DEATH Month Day Year <u>June 26 1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-1882</u>	9. AGE (last birthday) <u>81</u>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Texas, Co TX</u>	
11a. FATHER'S NAME <u>JW Scott</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Bowers</u>		11c. NAME OF HUSBAND OR WIFE <u>James Scott</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) <u>No</u>		13. SOCIAL SECURITY NO. <u>-</u>		14. INFORMANT <u>Guy Scott - Kennettville Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac & pulmonary arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>cachexia & debility</u>		
DUE TO (c) <u>Cardiovascular renal disease</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>senility</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Wickburg, TX</u>
21. I attended the deceased from <u>1955</u> to <u>1963</u> and last saw him alive on <u>June 25, 1963</u> Death occurred at <u>8:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>B. J. Myers DO.</u> (Physician or title)	
22b. ADDRESS <u>Wickburg, TX</u>		22c. DATE SIGNED <u>6-28-63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cem</u>	23d. LOCATION (City, town, or county) (State) <u>DENT Co. TX</u>
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u>		25. DATE RECD. BY LOCAL REG. <u>June 29, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Elmore E. Hesse</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 1070
2 1070
3
4 0
5 1
6
7 0
8 0
9 442X
10
11
12 90-2
13 1-0

JUL 10 1963

JUL 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eubert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Leekins Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.